



OFFICE OF SECRETARY OF STATE  
ROBIN CARNAHAN  
Elections Division  
**Registration Form for  
Voter Registration Solicitors**

NAME OF SOLICITOR (PRINT CLEARLY)

SOLICITOR'S RESIDENTIAL ADDRESS (INCLUDING STREET NUMBER, CITY, STATE AND ZIP)

SOLICITOR'S MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

SOLICITOR'S PHONE NUMBER (OPTIONAL)

DO YOU EXPECT TO BE PAID FOR SOLICITING VOTER REGISTRATIONS? YES ☐ NO ☐

IF THE ANSWER IS YES, PLEASE PROVIDE THE NAME OF THE PERSON OR ENTITY THAT YOU EXPECT TO RECEIVE PAYMENT FROM \_\_\_\_\_

I HEREBY SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT ALL STATEMENTS MADE BY ME ARE TRUE AND CORRECT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ANY VOTER REGISTRATION SOLICITOR WHO KNOWINGLY FAILS TO REGISTER WITH THE SECRETARY OF STATE IS GUILTY OF A CLASS THREE ELECTION OFFENSE.

VOTER REGISTRATION SOLICITORS SHALL REGISTER FOR EVERY ELECTION CYCLE THAT BEGINS ON THE DAY AFTER THE GENERAL ELECTION AND ENDS ON THE DAY OF THE GENERAL ELECTION TWO YEARS LATER. A VOTER REGISTRATION SOLICITOR SHALL BE AT LEAST EIGHTEEN YEARS OF AGE AND SHALL BE A REGISTERED VOTER IN THE STATE OF MISSOURI. 115.205.1

**SECRETARY OF STATE'S FAX NUMBER: 573.526.3242**

**OFFICE USE ONLY**

PC APPLICATIONS RECEIVED: \_\_\_\_\_

PC NUMBER(s): \_\_\_\_\_

DATE SENT: \_\_\_\_\_

SOS EMPLOYEE INITIALS \_\_\_\_\_